



PW2: Work Permit Application

Must be typewritten.

DEPT BLDGS Job No. 321543905



Scan Code ESHS5895549

BIS Document No., required. 321543905-01

1 Reason For Filing *Required for all applications.*

☒ Initial Permit *Complete all sections.* Expected work start date _____

☐ No Work Permit

☐ Renewal Permit with changes *Complete all sections.*

☐ Renewal Permit without changes 1, 3, 4, 7 - 12

2 Location Information *Required for all applications.*

House No(s) 596

Street Name PENNSYLVANIA AVENUE

Borough BROOKLYN

Block 3839

Lot 35

BIN 3085538

C B. No.

Work on Floor(s)

Apt. / Condo No(s)

3 Type of Permit *Choose one and complete any appropriate sub-choices or other information.*

☐ Alteration

☐ Curb Cut

☐ Fuel Burning

☐ Plumbing 3C 3A Electrical application no. for shed lighting:

☐ Filed as NB (28-101 4-5)

☐ Demolition and Removal

☐ Gas

☐ Sign

☒ Boiler

☐ Fire Alarm

☐ Oil

☐ Sprinkler 3C 3B Related fence job no.

☐ Construction Equipment

☐ Fire Suppression System

☐ Fuel Storage

☐ Standpipe 3C 3C Secondary permit description (if applies):

☐ Chute ☐ Fence

☐ Foundation / Earthwork

☐ Mechanical / HVAC

☐ Sidewalk Shed 3A

Area of site (sq ft)

☐ New Building 3B

☐ Supported Scaffold

☐ Other. _____

☐ Earthwork Only

3D ☐ Yes ☒ No Are you adding more than three stories?

☐ Yes ☒ No Are you removing one or more stories? If yes, 8

☐ Yes ☒ No Are you performing work in 50% or more of the area of the building?

☐ Yes ☒ No Are you demolishing 50% or more of the area of the building? If yes, 8

☐ Yes ☒ No Are you performing a vertical or horizontal enlargement adding more than 25% of the area of the building?

☐ Yes ☒ No Does your approved work include concrete? If yes, is your concrete work completed?

☐ Yes ☒ No complete section 9

☐ Yes ☒ No Are mechanical means to be used?

4 Applicant / Contractor *Required for all applications. (* Indicates optional)*

Last Name LYNCH

First Name LESLIE

Middle Initial

Business Name 5 BORO'S PLUMBING INC

Business Telephone 718-738-2009

Business Address 101-21 ROCKAWAY BOULEVARD

City OZONE PARK

State NY

Zip 11417

*E-Mail

☐ General Contractor

4A, 4B

4A Provide registration or tracking number

☐ Fire Suppression Contractor

4C, 4D

4B Does work require a HIC license? ☐ Yes ☐ No

☒ Master Plumber

4C, 4D

4C License Number: 002163

☐ Oil Burner Installer

4C, 4D

4D Is applicant responsible for all work on this appl

☐ Sign Hanger

4D

If no, describe work responsibility:

☐ Professional Engineer

4C, 6

PLUMBING

☐ Registered Architect

4C, 6

☐ Homeowner

DOB approval required.



DEPT BLDGS

FC-PW2.V3-03

Mechanical equipment other than handheld devices to be used for demolition or removal of debris (BC §3306 4)

5 Filing Representative Complete if different from applicant specified in section 3. (* Indicates optional.)

Last Name	CHI/CUE/TAP/AST/CUE	First Name	MAR/PAT/JHO/JHE/ERI	Middle Initial	
Business Name	5 BORO'S PLUMBING INC			Business Telephone	718-738-2009
Business Address	101-21 ROCKAWAY BOULEVARD			*Business Fax	
City	OZONE PARK	State	NY	Zip	11417
*E-Mail				*Mobile Telephone	
				Registration Number	

6 Insurance P.E. / R.A. only (* indicates required for all permits)

☐ Liability Insurance (NB permits only) ☐ Workers' Compensation Insurance* ☐ Disability Insurance *

7 Construction Superintendent, Site Safety Coordinator, Site Safety Manager Required if applicable. (* Indicates optional.)

I, the applicant / contractor, hereby declare the scope of work filed under this permit application requires: (choose one)

☐ Construction Superintendent	☐ Site Safety Coordinator	☐ Site Safety Manager
Last Name	First Name	Middle Initial
Business Name	Telephone	
Address	*Fax	
City	State	Zip
*E-Mail	*Mobile Telephone	
		Registration Number

I, the undersigned, will perform, on behalf of the Contractor, all of the functions required of a Construction Superintendent, or Site Safety Coordinator, or Site Safety Manager (identified above) as set forth in the Department of Buildings rules and regulations.

Name (print)	Notarization State of New York, County of:	Notary Seal
Signature	Sworn to or affirmed under penalty of perjury day of 20	
Date	Notary Signature	

8 Demolition Subcontractor Required if applicable. (* Indicates optional)

☐ Yes ☐ No Is the applicant/contractor named in section four performing the demolition work for this permit? If no, complete this section.

Last Name	First Name	Middle Initial
Business Name	Telephone	
Address	*Fax	
City	State	Zip
*E-Mail	*Mobile Telephone	
		Registration Number

I, the undersigned, will perform, on behalf of the Contractor, all of the functions required of a Demolition Subcontractor as set forth in the Department of Buildings rules and regulations.

Name (print)	Notarization State of New York, County of:	Notary Seal
Signature	Sworn to or affirmed under penalty of perjury day of 20	
Date	Notary Signature	

9 Concrete Information Choose and complete any appropriate sub-choices

9A ☐ Yes ☐ No Are you requesting to exclude concrete work at this time from this permit? If no, 9B

9B ☐ Yes ☐ No Does your approved work include 2,000 cubic yards or more of concrete? If yes, 10 and 11

10 Concrete Subcontractor Required if applicable. (* Indicates optional.)

☐ Yes ☐ No Is the applicant/contractor named in section four performing the concrete work for this permit? If no, complete this section.

Last Name		First Name		Middle Initial
Business Name		Telephone		
Address		*Fax		
City	State	Zip	*Mobile Telephone	
*E-Mail	Registration Number			

I, the undersigned, will perform, on behalf of the Contractor, all of the functions required of a Concrete Subcontractor as set forth in the Department of Buildings rules and regulations

Name (print)	Notarization State of New York, County of:	Notary Seal
Signature	Sworn to or affirmed under penalty of perjury day of 20	
Date	Notary Signature	

11 Concrete Safety Manager Required if applicable. (* Indicates optional.)

Last Name		First Name		Middle Initial
Business Name		Telephone		
Address		*Fax		
City	State	Zip	*Mobile Telephone	
*E-Mail	Registration Number			

I, the undersigned, will perform, on behalf of the Contractor, all of the functions required of a Concrete Safety Manager (identified above) as set forth in the Department of Buildings rules and regulations.

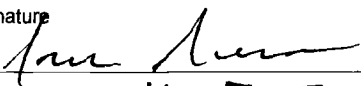
Name (print)	Notarization State of New York, County of:	Notary Seal
Signature	Sworn to or affirmed under penalty of perjury day of 20	
Date	Notary Signature	

12 Applicant / Contractor Statements and Signatures Required for all applications.

The information in this application is correct and complete to the best of my knowledge and I assume responsibility for all statements on this form. I understand that if I am found after hearing to have knowingly or negligently made a false statement on this or any other document submitted to the Department, I may be subject to fine, imprisonment, and/or barred from filing further documents with the Department. I also understand it is unlawful to give to a city employee, or for a city employee to accept, any benefit, monetary or otherwise, either as a gratuity for properly performing the job or in exchange for special consideration.

I will comply with all applicable laws, rules and regulations including all insurance requirements, and, in addition

- I hereby state if a Construction Superintendent, Site Safety Coordinator, Site Safety Manager, Demolition Subcontractor, Concrete Subcontractor, or Concrete Safety Manager is required for this application I have hereby advised the individual listed herein he or she is designated as such and hereby certify he or she is registered and in good standing with the NYC Department of Buildings
- I hereby state this renewal application with no change to Applicant, Filing Representative, Construction Superintendent, Site Safety Coordinator, Site Safety Manager, Subcontractors, Concrete Safety Manager or insurance is for the work as originally filed or as officially amended
- In accordance with §28-104.8 of the Administrative Code, I hereby declare I am authorized by the owner of the above-referenced premises to make this application for a permit to perform the work described herein. In accordance with Rule 101-16, I will post the permit in a conspicuous and visible location.
- Check here if the work authorized by this permit does NOT require adjacent property insurance.

Name (print) Leslie Lynch	Notarization (required if not licensee) State of New York, County of:	Licensee Seal or Notary Seal
Signature 	Sworn to or affirmed under penalty of perjury day of 20	
Date 4-5-17	Notary Signature	